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their freedom from diseases contemplated by the immigration laws of the United States.

Reports of communicable diseases in Yokohama have been received at the consulate-general, as follows: For the week ended February 26: Enteric fever, 1 case, 1 death; diphtheria, 8 cases, 6 deaths; dysentery, 1 case, no deaths. For the week ended March 5: Enteric fever, 3 cases, 1 death; diphtheria, 4 cases, 2 deaths; dysentery, 1 case, no deaths.

*Emigrants recommended for rejection.*

Number of emigrants per steamship *Manchuria* recommended, March 23, for rejection. For Honolulu, 30; for San Francisco, 3.

MEXICO.

*Reports from Tampico—Mortuary statistics—Health conditions favorable—Mortality from pneumonia—Stegomyia and Anopheles mosquitoes increasing.*

Acting Assistant Surgeon Frick reports, April 3 and 10, as follows: Week ended April 1, 1905. Mortuary statistics: Senile debility, 2; tuberculosis pulmonalis, 3; pneumonia, 4; intermittent fever, 3; septicæmia, 1; Bright's disease, 1; peritonitis, traumatic, 1; ulcer of the leg, 1; railroad accident, 1; cachexia (malarial), 1; total, 18. Estimated population (large), 20,000. Mortality rate, 46.80.

At this season of the year health conditions are more favorable than at any other time.

*Mortuary report for the week ended April 8, 1905.*—Fevers, 2; tuberculosis, pulmonary, 3; drowned, 1; pneumonia, 5; scirrhus of the liver, 3; epilepsy, 1; pulmonary congestion, 1; traumatic injury, 1; ascites, 1; diarrhea 2; congenital debility, 1; total, 21. Mortality rate on basis of 20,000 population, 54.60. Attention is invited to the number of deaths occurring from pneumonia.

Sanitary conditions here remain about the same, except that *Stegomyia* and *Anopheles* are increasing gradually, while the *Culex*, gnats, and sand flies are decreasing slightly, probably because the first two mentioned can better stand the hot weather now prevailing.

*Report from Veracruz—Mortality—Sewerage system in operation—Destruction or oiling of mosquito-breeding places.*

Passed Assistant Surgeon Wilson reports, April 6, as follows:

The last reported case of yellow fever at Veracruz was on December 29, 1904. No quarantinable disease has been reported during 1905. During the 4 weeks ended March 25 there were recorded in the city of Veracruz (population 33,000) 137 deaths from all causes, making an annual death rate of 53.95 per 1,000. Of this number 8 deaths were due to pernicious fever, 1 to remittent fever, and 44 to tuberculosis.

The rainy season proper has not yet begun, and mosquitoes are not abundant. I have found several specimens of *Culex*, but only one of *Stegomyia*. A sewerage system is in operation, and about one-fourth of the city is connected therewith. I am informed by the Veracruz board of health that the registry and daily inspection of nonimmunes

are continued, and that cases of sickness receive early attention and diagnosis. The destruction or oiling of mosquito-breeding places is also done.

## NICARAGUA.

*Report from Bluefields, fruit port.*

Acting Assistant Surgeon Layton reports as follows: Eight days ended April 8, 1905. Present officially estimated population, 3,500; 2 deaths. Prevailing diseases, malarial fever and tuberculosis; general sanitary condition of this port and the surrounding country during the week, good. There were more deaths than herein reported, but official records failed to show them.

Bills of health were issued to the following-named vessels:

Date.	Vessel.	Number of crew.	Number of passengers from this port.	Number of passengers in transit.	Pieces of baggage disinfected.
Apr. 2	John Wilson.....	18	2	a 1	0
5	Alabama.....	19	0	0	0
8	Condor.....		4	0	0

a Round trip.

## PANAMA.

*Reports from Colon—Mortality—Yellow fever in Colon and Panama—Breeding places for mosquitoes not generally destroyed—Sanitary conditions improving—Inspection of vessels.*

Acting Assistant Surgeon Mohr reports, April 4, as follows:

During the week ended April 3, 1905, 11 deaths were officially reported, from the following causes:

Yellow fever, 1; bilious fever, 1; pulmonary tuberculosis, 1; cerebral fever, 1; convulsions, 1; locomotor ataxia, 1; heart disease, 2; bronchitis, 1; diarrhea, 2.

The case of yellow fever occurred in the person of a young Portuguese, three months resident on the Isthmus, who was admitted to the hospital on March 27 and treated as a suspect. Certain complications in the case rendered it doubtful of diagnosis until just before his death, which took place on April 2. The necropsy proved it to be yellow fever. The infection in this instance was also undoubtedly contracted in Colon. This is the third case contracted in Colon since March 1.

A new case of yellow fever was also reported in Panama on March 28, an American, who was admitted to Ancon Hospital on March 24. No deaths from the disease have occurred in Panama since March 12.

With the infection in Panama it was to be expected that sooner or later the disease would spread in Colon, where there has been a considerable influx of nonimmunes during the past six months or more. While few mosquitoes are seen or felt in exposed places during the prevalence of the northeast trade winds, the conditions for their breed-